

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-41 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010	Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2	Title of Work Assignment/SF Site Name Support to Conduct Survey, Com								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Specify Section and paragraph of Contract SOW 2.2								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 03/03/2011 To 11/30/2011								
Comments:										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO (Max 2) <input type="checkbox"/> Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period: 12/16/2008 To 11/30/2011		Cost/Fee: \$0.00				LOE: 0				
This Action:		\$12,495.00				146				
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: 03/28/2011		Cost/Fee: \$12,495.00				LOE: 146				
Cumulative Approved:		Cost/Fee: \$12,495.00				LOE: 146				
Work Assignment Manager Name Khin-Cho Thaung						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number 202-564-4667				
						FAX Number:				
Project Officer Name Verla Sutton-Busby						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-6808				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Renita Tyus						Branch/Mail Code: cpad				
_____ (Signature) 3/28/11 (Date)						Phone Number: 513-487-2094				
						FAX Number: 513-487-2109 t				